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APPLICATIO	N NUMBER	FILING D	ATE	FIRST NAMED APPLICANT		ATTORNEY DOCKET NO.	
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			INTERVIE	W SUMMARY	DATE MAILE	D:	•
All participants (app	dicant applican	nt'e representative	PTO personnelly		*		
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(2) G. CH				(4)		· ·	•
Date of Interview_							
•				applicant's representative).			•
Exhibit shown or de	monstration co	nducted: Yes	No If yes, bri	ef description:			· · · · · · · · · · · · · · · · · · ·
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Agreement Wwas	reached.	was not reached.		. •			
Claim(s) discussed	1,2,	5 \$ 10					<u> </u>
Identification of price			·			· - · · · · · · · · · · · · · · · · · ·	
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Description of the g	eneral nature o	f what was agreed	to if an agreemer	nt was reached, or any other	comments: L	T WAS	AGREED
				CLAIMS AS S		TH IN TH	LE EXAMINA
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(A fuller description must be attached. attached.)	, if necessary, a Also, where no	and a copy of the a copy of the amend	mendments, if av Iments which wou	ailable, which the examiner a ld render the claims allowable	agreed would re e is available, a	nder the claims a summary therec	allowable of must be
1. It is not neces	ssary for applica	ant to provide a se	parate record of th	ne substance of the interview			••
IS NOT WAIVED A	ND MUST INCL / been filed, AP	.UDE THE SUBST PLICANT IS GIVE	ANCE OF THE IN	ary. A FORMAL WRITTEN R TERVIEW. (See MPEP Sec FROM THIS INTERVIEW DA	tion 713.04). If a	a response to the	e last Office
rejections and is considered	I requirements to fulfill the res	that may be prese	nt in the last Office ts of the last Office	tachments) reflects a comple action, and since the claims action. Applicant is not relie	s are now allow:	able, this comple	ted form
Examiner Note: You	must sign this	form unless it is ar	attachment to an	other form.			
FORM PTOL-413 (REV.	1-96)	:		·		•	